

FORM 1 GENERAL		U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program (Read the "General Instructions" before starting.)		I. EPA I.D. NUMBER F A K G 2 8 5 0 1 3	
I. EPA I.D. NUMBER				III. FACILITY NAME	
V. FACILITY MAILING ADDRESS				VI. FACILITY LOCATION	
PLEASE PLACE LABEL IN THIS SPACE					
II. POLLUTANT CHARACTERISTICS					
INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.					
SPECIFIC QUESTIONS		MARK 'X'		SPECIFIC QUESTIONS	
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		YES	NO	B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		YES	NO	D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)		YES	NO	F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		YES	NO	H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		YES	NO	J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)	
III. NAME OF FACILITY					
1 SKIP PLATFORM C					
IV. FACILITY CONTACT					
A. NAME & TITLE (last, first, & title)				B. PHONE (area code & no.)	
2 AGE E DOUG ENV. ENGINEER				8 1 7 8 8 5 2 2 8 5	
V. FACILITY MAILING ADDRESS					
A. STREET OR P.O. BOX					
3 810 HOUSTON ST.					
B. CITY OR TOWN				C. STATE	D. ZIP CODE
4 FORT WORTH				TX	7 6 1 0 2
VI. FACILITY LOCATION					
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER					
5 COOK INLET					
B. COUNTY NAME					
C. CITY OR TOWN					
D. STATE		E. ZIP CODE		F. COUNTY CODE (if known)	
6 AK					



CONTINUED FROM THE FRONT

## VII. SIC CODES (4-digit, in order of priority)

A. FIRST										B. SECOND											
C	7	1	3	1	1	(specify)					C	7	(specify)								
15	16	17	18	19						15	16	17	18	19							
C. THIRD										D. FOURTH											
C	7	(specify)									C	7	(specify)								
15	16	17	18	19						15	16	17	18	19							

## VIII. OPERATOR INFORMATION

A. NAME																														B. Is the name listed in Item VIII-A also the owner?									
C	8	XTO ENERGY INC.																												<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO									
15	16																													66									

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)

F = FEDERAL  
S = STATE  
P = PRIVATE

M = PUBLIC (other than federal or state)  
O = OTHER (specify)

P (specify)

D. PHONE (area code &amp; no.)

C A 817 885 2285

E. STREET OR P.O. BOX

810 HOUSTON ST.

F. CITY OR TOWN

FORT WORTH

G. STATE

TX

H. ZIP CODE

76102

IX. INDIAN LAND

Is the facility located on Indian lands?

☐ YES ☒ NO

## X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)															D. PSD (Air Emissions from Proposed Sources)														
C	9	N	AKG285013												C	9	P												
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29
B. UIC (Underground Injection of Fluids)															E. OTHER (specify)														
C	9	U	See list												C	9	5	T	V	P	0	1	(specify)						
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29
C. RCRA (Hazardous Wastes)															E. OTHER (specify)														
C	9	R													C	9	(specify)												
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29

## XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

## XII. NATURE OF BUSINESS (provide a brief description)

Oil and Gas production platform in Cook Inlet, Alaska.

## XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)															B. SIGNATURE															C. DATE SIGNED									
Kyle Hammond, Vice President - Operations																														7-29-03									

## COMMENTS FOR OFFICIAL USE ONLY

C	C																												
15	16																												